## PART B - FEE(S) TRANSMITTAL

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APPLICATION NO. FIL		G DATE F	IRST NAMED INVEN	ENTOR ATTORNEY I		OOCKET NO.		ONFIRMATION NO.	
10/594,127 09/2		5/2006	Akio SUGIHARA		Q973		91 8975		
TITLE OF INVENTIO	N. COMPOSITION	I OE SOI IEENACIN	OD SALT THEDEOE	EOD LICE IN CO	M ID EODMIII	ATION			
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APPLN. TYPE	SMALL ISSUE FEE		PUBLICATION	PREV. PAI	PREV. PAID ISSUE FEE		EE(S)	DATE DUE	
	ENTITY		FEE			DUE			
nonprovisional	NO	\$1510.00	\$300.00	\$0.00		\$1,810.00		12/20/2010	
			100000	GT + GG G	TTD GT + GG				
EXAMINER			ART UNIT		UBCLASS				
N	Viloofar RAHMANI		1625	514-3	305000				
1. Change of correspond	dence address or ind	ication of "Fee Address	s" (37 CFR 1.363   2.	For printing on t	he patent front r	page list	1 Sug	hrue Mion, PLLC	
☐ Change of correspondence address (or Change of Correspondence Address form				(1) the names of up to 3 registered patent					
PTO/SB/122) attached.				attorneys or agents OR, alternatively, 2					
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) ATTACHED. Use of a Customer Number is required.				Rev (2) the name of a single firm (having as a member a registered attorney or agent) and the 3					
				names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be					
				ents. If no nam .nted.	e is listed, no n	ame will be			
3. ASSIGNEE NAME	AND RESIDENCE	DATA TO BE PRINT							
PLEASE NOTE: Unler recordation as set forth						entified below.	the docu	ment has been filed for	
(A) NAME OF ASSIG	NEE (B) RESI	DENCE: (CITY and S	TATE OR COUNTRY	)					
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4a. The following fee(s		ory or categories (will		*			_	p entity Government	
✓ Issue Fee				4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.					
☑ Publication Fee (No small entity discount permitted)				☑ Payment by credit card. Form 1310-2038 is attached.					
☐ Advance Order - # of Copies			☐ The Directo	☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4880.					
overpayment, to Deposit Account Number <u>19-4-800</u> .  ✓ The USPTO is directed and authorized to charge all required fees to Deposit Ac								o Deposit Account No.	
				e also credit any				1	
5. Change in Entity Sta	tus (from status indi	cated above)							
☐ a. Applicant claims				is no longer clai	•			,	
The Director of the US	PTO is requested to	apply the Issue Fee and	l Publication Fee (if an	y) or to re-apply a	any previously p	aid issue fee to	the appli	cation identified above.	
NOTE: The Issue Fee a party in interest as show					applicant; a regis	stered attorney	or agent;	or the assignee or other	
Authorized Signature	_	/Jennifer M. Hayes/	Da	Date			December 16, 2010		
Typed or Printed Name	,	Jennifer M. Hayes	Re	egistration No.		40,641			